

CUSTOMER NUMBER: 23608

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

FORM PTO
Case Docket No.: PF01822/624389
Date: July 22, 2003
Express Mail Label No.: EV 038545458 US

Dear Sir:

Transmitted herewith for filing is the patent application of
Inventor(s): **MARK C. ESTES; CARY D. TALBOT; "MIKE" CHARLES VALLET TOLLE; and
JAY A. YONEMOTO**
For: **SYSTEM FOR PROVIDING BLOOD GLUCOSE MEASUREMENTS TO
AN INFUSION DEVICE**

Enclosed are:

- ☒ 59 page(s) application including cover sheet, 94 claims, and 1 page abstract
- ☒ 6 Sheet(s) formal drawing(s) (Figs. 1- 5)
- ☒ unexecuted Declaration
- ☒ Power of Attorney by Assignee and Exclusion of Inventor Under Rule 3.71
- ☒ return postcard

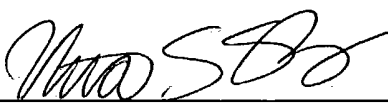
CALCULATION OF FEES						
ITEM		NO. OF CLAIMS FILED MINUS BASE*	NO. OF CLAIMS OVER BASE	X SM/LG ENTITY FEE	\$ AMOUNT	\$ FEE
A	TOTAL CLAIMS FEE	94 - 20* =	74	X \$9 or X \$18	\$1,332	
B	INDEPENDENT CLAIMS FEE**	5 - 3* =	2	X \$42 or X 84	\$168	
C	SUBTOTAL - ADDITIONAL CLAIMS FEE (ADD FINAL COLUMN IN LINES A + B)					\$1,500
D	SMALL ENTITY FEE = \$140 MULTIPLE-DEPENDENT CLAIMS FEE LARGE ENTITY FEE = \$280					
E	SMALL ENTITY FEE = \$375 BASIC FEE*LARGE ENTITY FEE = \$750					\$750
F	TOTAL FILING FEE (ADD TOTALS FOR LINES C, D, AND E)					\$2,250
**LIST INDEPENDENT CLAIMS 1, 35, 49, 63, 75						
<input checked="" type="checkbox"/>	Please charge my Deposit Account No. 50-0621 the amount of			\$2,250	A copy of this letter is enclosed.	
<input type="checkbox"/>	A check in the amount of			\$	to cover the filing fee is enclosed.	
<input type="checkbox"/>	A check in the amount of			\$	to cover Assignment Recordation fee is enclosed.	

- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0621
 - ☒ Any additional filing fees required under 37 CFR 1.16.
 - ☒ Any patent application processing fees under 37 CFR 1.17.

- X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 50-0621
- X Any patent application processing fees under 37 CFR 1.17.
- The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).
- X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: July 22, 2003


Vivian S. Shin
Reg. No. 43,919

MEDTRONIC MINIMED, INC.
18000 Devonshire Street
Northridge, CA 91325-1219
Telephone: (818) 576-5291
Facsimile: (818) 576-6202

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
Mark C. Estes et al.)	Group Art Unit: unknown
Serial No.: unknown)	
Filed: July 22, 2003)	Examiner: unknown
For: SYSTEM FOR PROVIDING)	
BLOOD GLUCOSE)	
MEASUREMENTS TO AN)	
INFUSION DEVICE)	

CERTIFICATE OF U.S. EXPRESS MAIL

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Express Mail Mailing Label No. EV 038545458 US
Date of Deposit: July 22, 2003

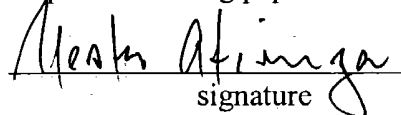
I hereby certify that a 65 page(s) patent application including cover sheet, 34 pages of specification, 94 claims, 1 page abstract, and 6 pages of formal drawings (Figs. 1 - 5), transmittal letter, unexecuted Declaration, Power of Attorney by Assignee and Exclusion of Inventor Under Rule 3.71 and return postcard are being deposited using the "Express Mail Post Office to Addressee" service of the United States Postal Service under 37 C.F.R. § 1.10 on the above date and addressed to Mail Stop Patent Application, Commissioner for Patents, Alexandria, VA 22313-1450.

July 22, 2003

date of deposit

Nestor Atienza

name of person mailing papers



signature

MEDTRONIC MINIMED, INC.
18000 Devonshire Street
Northridge, CA 91325-1219
Tel.: (818) 576-5291
Fax: (818) 576-6202